

**Cosmetology Inspector:**

**Linda Alley**  
**502-382-8356**

**Kentucky State Board of  
Hairdressers & Cosmetologists**  
**111 St. James Ct., Suite A**  
**Frankfort, KY 40601**  
**(502) 564-4262**  
**WWW.KBHC.KY.GOV**

**Current License#**

**Date Processed:**

**Beauty Salon** ☐

**Nail Salon** ☐

**Esthetic Salon** ☐

**PLUMBING CHANGE ONLY**  
**NO FEE**

**Name of Salon:** \_\_\_\_\_ **(30 or less Characters)**

**Address:** \_\_\_\_\_ **(City)** **(State)** **(Zip Code)**

**County:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Owner(s) Name:** \_\_\_\_\_ **Lic. #, S.S. #, or Tax ID#** \_\_\_\_\_

**Manager(s) Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

- Pursuant to KRS 164.772(3), are you, as owner, in default on any repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority (KHEA) YES \_\_\_\_\_ NO \_\_\_\_\_

**Salon Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Salon Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)**

\_\_\_\_\_  
**SIGNATURE OF STATE PLUMBING INSPECTOR**

**NOTES FROM THE PLUMBING INSPECTOR IF APPLICABLE:**

**I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.**

\_\_\_\_\_  
**SIGNATURE OF STATE SALON INSPECTOR**

**NOTES FROM COSMETOLOGIST INSPECTOR IF APPLICABLE:**